

921

N. B.—In case of more than one child at a birth, a SEPARATE RETURN must be made for each, and the number of each, in order of birth stated.

PLACE OF BIRTH		ARIZONA STATE BOARD OF HEALTH	
1. County of <u>Gila</u>		BUREAU OF VITAL STATISTICS	State Index No. <u>136</u>
District of _____		ORIGINAL CERTIFICATE OF BIRTH	County Registrar No. <u>717</u>
Town of _____			Local Registrar No. _____
or _____			
City of <u>Globe</u>	No. _____	St. _____ Ward _____	
(If birth occurred in a hospital or institution, give its NAME instead of street and number)			
2. Full name of child <u>Alva Gene Stewart</u>		If child is not yet named, make supplemental report, as directed.	
3. Sex of Child <u>Female</u>	To be answered ONLY in event of plural births.	4. Twin, triplet or other. _____	6. Legitimate? <u>yes.</u>
5. No., in order of birth. _____		7. Date of birth <u>Oct. 12</u> 19 <u>23</u>	
		Month Day Year	
8. FATHER		14. MOTHER	
Full name <u>Monta Ray Stewart</u>		Full maiden name <u>May Edella Smith</u>	
9. Residence (Usual place of abode) <u>Pleasant Valley</u>		15. Residence (Usual place of abode) <u>Pleasant Valley</u>	
If nonresident, give place and state <u>Arizona</u>		If nonresident, give place and state <u>Arizona</u>	
10. Color or race <u>White</u>	11. Age at last birthday <u>30</u> (Years)	16. Color or race <u>White</u>	17. Age at last birthday <u>28</u> (Years)
12. Birthplace (city or place) <u>Robert Lee, Texas</u>		18. Birthplace (city or place) <u>Water Valley, Texas</u>	
(State or country)		(State or country)	
13. Occupation		19. Occupation	
Nature of industry <u>Forest Ranger</u>		Nature of industry <u>Housewife</u>	
20. Number of children of this mother (a) Born alive and now living <u>1</u>		21. Were precautions taken against ophthalmia neonatorum? <u>yes.</u>	
(Taken as of time of birth of child herein certified and including this child.) (b) Born alive but now dead <u>0</u>		(c) Stillborn <u>0</u>	
<p align="center"><b>CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*</b></p> <p>I hereby certify that I attended the birth of this child, who was <u>born alive</u> at <u>11:30</u> A.M. on the date above stated.</p> <p>(Born alive or stillborn.)</p> <p>Signature <u>C. W. Adams</u> (Physician or midwife)</p> <p>Address <u>Globe, Arizona</u></p> <p>Given name added from a supplemental report _____</p> <p>Month, day, year. _____</p> <p>Registrar. _____</p> <p>Filed <u>11-10</u> 19<u>23</u> <u>B. G. Gay</u> Local Registrar.</p> <p>Filed <u>11-10</u> 19<u>23</u> <u>B. G. Gay</u> County Registrar.</p> <p align="center"><u>123-1012-428</u></p>			